

3-20-06
EXPRESS MAIL NO: EQ 045 207 535 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: BOSCHETTI *et al.*

Confirmation No. 1038

Application No.: 10/692,785

Group Art Unit: 1618

Filed: October 27, 2003

Examiner: D. L. JONES

For: POLYVINYL ALCOHOL MICROSPHERES
AND THERAPEUTIC USES OF THE SAME
(as amended)

Attorney Docket No.: 9676-314-999
(CAM: 405916-999-056)

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

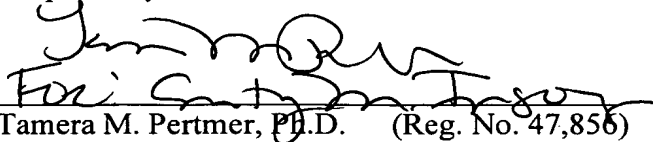
Enclosed herewith for appropriate action by the United States Patent and Trademark Office are the following documents:

1. Response and Amendment Pursuant to 37 C.F.R. § 1.111;
2. Appendix A -- CM Dextran Abstracts (7);
3. Amendment Fee Transmittal Sheet (in duplicate);
4. Petition for Extension of Time (one month) (in duplicate); and
5. Return Post Card.

No fee is believed to be required for filing the Response and Amendment. The Commissioner is hereby authorized to charge the Petition for Extension of Time Fee for one month of \$60 to Jones Day Deposit Account No. 50-3013. The Commissioner is also authorized to charge any fees necessary or credit any overpayment to Jones Day Deposit Account No. 50-3013 to maintain the pendency of this application.

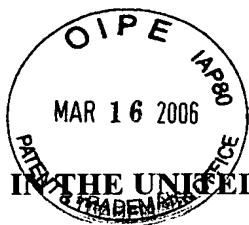
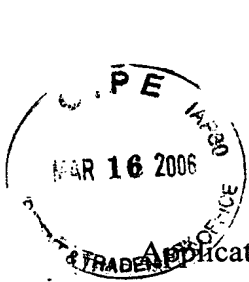
Respectfully submitted,

Date: Mar. 16, 2006


Tamera M. Pertmer, Ph.D. (Reg. No. 47,856)
JONES DAY
12750 High Bluff Drive, Suite 300
San Diego, CA 92130
(858) 314-1181

For: Anthony M. Insogna (Reg. No. 35,203)
JONES DAY
222 East 41st Street
New York, NY 10017-6702
(212) 326-3939

Enclosures



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AMENDMENT FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be **\$0.00**.

The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2)			(Col. 3)			<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID			PRESENT EXTRA			RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	32	MINUS	56			0			x \$25	\$ 00.00	x \$50	\$ 0.00
INDEP.	3	MINUS	3			0			x \$100	\$ 0.00	x \$200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									\$180	\$ 0.00	\$360	\$ 0.00
TOTAL									\$	0.00	\$	0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: Mar 16, 2006

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JONES DAY
12750 High Bluff Drive, Suite 300
San Diego, CA 92130
(858) 314-1181

For: Anthony M. Insogna (Reg. No. 35,203)
JONES DAY
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New York, NY 10017-6702
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Enclosure